

FILE COPY

Attorney Docket No.: 00-001

Receipt

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re: Application Jay S. WALKER et al.) Customer No.: 22927
of:)
For: SYSTEM FOR UTILIZING) Examiner Not Yet Assigned
REDEMPTION INFORMATION)
Serial No.: 09/605,818) Group Art Unit: 3414
Filing Date: June 28, 2000) Docket No.: 00-001

Assistant Commissioner for Patents
Office of Initial Examination
Customer Service Center
Washington, D.C. 20231

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DEC 20 2001

TRANSMITTAL LETTER

Technology Center 2100

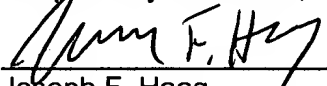
Sir:

Applicants hereby submit the following documents for the above-identified patent application:

1. Third Request for Corrected Filing Receipt;
2. Red-lined Copy of the Corrected Official Filing Receipt mailed 11/13/2000; and
3. Acknowledgment Postcard.

The Assistant Commissioner is hereby authorized to charge \$ 0.00 to Deposit Account No. 50-0271. Order No. 00-01. A duplicate copy of this sheet is attached. The Assistant Commissioner is further authorized to charge any additional fees which may be required for the submission of this paper, or to credit any overpayment, to Deposit Account No. 50-0271. Order No. 00-001. A duplicate copy of this sheet is attached.

Respectfully submitted,

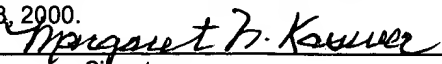

Joseph F. Haag
Attorney for Applicants
PTO Reg. No. 42,612
Walker Digital Corporation
Five High Ridge Park
Stamford, CT 06905
Telephone: (203) 461-7306
Facsimile: (203) 595-8266

December 18, 2000
Date

Certificate of Mailing

I hereby certify that this correspondence is being sent via first class mail in an envelope with sufficient postage addressed to the Assistant Commissioner for Patents, Office of Initial Patent Examination, Customer Service Center, Washington, D.C. 20231 December 18, 2000.

Margaret N. Kaswer
Typed Name of Person Making Deposit


Signature

12/18/2000
Date



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application Jay S. WALKER et al.) Customer No.: 22927
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For: SYSTEM FOR UTILIZING) Examiner Not Yet Assigned
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THIRD REQUEST FOR CORRECTED FILING RECEIPT

Sir:

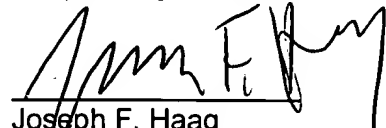
Applicants respectfully request that the filing receipt for the above-identified patent application be corrected as follows:

- 1) Please correct the Continuing Data as Claimed by Applicant to read:
"THIS APPLN CLAIMS BENEFIT OF 60/184,799 02/24/2000
AND IS A CIP OF 09/540,709 03/31/2000
WHICH CLAIMS BENEFIT OF 60/173,458 12/29/1999
AND WHICH IS A CIP OF 09/337,906 06/22/1999
WHICH IS A CIP OF 08/889,503 07/08/1997"
- 2) Please **delete** line four of the Continuing Data as Claimed by Applicant
"THIS APPLICATION 09/605,818"

The requested correction has been indicated in red on an enclosed copy of the Corrected Official Filing Receipt mailed 11-13-2000. Please issue a corrected Filing Receipt in due course.

December 18, 2000
Date

Respectfully submitted,


Joseph F. Haag
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UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS
UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20231
www.uspto.gov

APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/605,818	06/28/2000	2761	3414	00-001	25	76	25

22927
WALKER DIGITAL
FIVE HIGH RIDGE PARK
STAMFORD, CT 06905

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MAR 20 2001

CORRECTED FILING RECEIPT



OC000000005547708

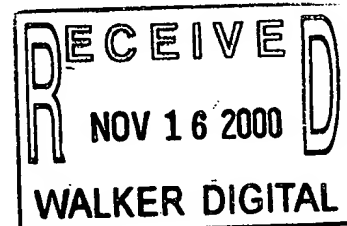
Technology Center 2100

Date Mailed: 11/13/2000

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. **If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the PTO processes the reply to the Notice, the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).**

Applicant(s)

Jay S. Walker, Ridgefield, CT ;
Jose A. Suarez, Fairfield, CT ;
T. Scott Case, Wilton, CT ;
Michiko Kobayashi, Stamford, CT ;
Andrew P. Golden, New York, NY ;



Continuing Data as Claimed by Applicant

THIS APPLN CLAIMS BENEFIT OF 60/184,799 02/24/2000
AND A CIP OF 09/540,709 03/31/2000
WHICH CLAIMS BENEFIT OF 60/173,458 12/29/1999 ✓

IS ← ~~THIS APPLICATION 09/605,818~~
AND WHICH IS A CIP OF 09/337,906 06/22/1999 ✓
WHICH IS A CIP OF 08/889,503 07/08/1997 ✓

Foreign Applications

If Required, Foreign Filing License Granted 08/18/2000

Title

System for utilizing redemption information

Preliminary Class

705

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WASHINGTON, D. C. 20231
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Bib Data Sheet

#6

SERIAL NUMBER 09/605,818	FILING DATE 06/28/2000 RULE -	CLASS 705	GROUP ART UNIT 2761	ATTORNEY DOCKET NO. 00-001
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APPLICANTS

Jay S. Walker, Ridgefield, CT ;
Jose A. Suarez, Fairfield, CT ;
T. Scott Case, Wilton, CT ;
Michiko Kobayashi, Stamford, CT ;
Andrew P. Golden, New York, NY ;

**** CONTINUING DATA *******

THIS APPLN CLAIMS BENEFIT OF 60/184,799 02/24/2000
WHICH IS A CIP OF 09/540,709 03/31/2000
WHICH CLAIMS BENEFIT OF 60/173,458 12/29/1999
AND A CIP OF 09/337,906 06/22/1999
WHICH IS A CIP OF 08/889,503 07/08/1997

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE
GRANTED ** 08/18/2000

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY CT	SHEETS DRAWING 25	TOTAL CLAIMS 76	INDEPENDENT CLAIMS 25
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

ADDRESS

22927

TITLE

System for utilizing redemption information

FILING FEE RECEIVED 3414	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
		<input type="checkbox"/> 1.18 Fees (Issue)
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit